

For office use only

EMPLID [ ]  
DATE RECD [ ]

# Confirmation Form

This form is for fall **admitted transfer students** at the University of Minnesota Twin Cities.

**Yes!** I plan to enroll at the University of Minnesota Twin Cities beginning fall semester. My \$95 non-refundable enrollment confirmation fee, which reserves my place in the class, is enclosed.

**To confirm your enrollment, complete this form, include a \$95 check or money order made payable to the University of Minnesota, and mail it to:**

Office of Admissions  
University of Minnesota  
240 Williamson Hall  
231 Pillsbury Drive S.E.  
Minneapolis, MN 55455-0213

**Questions? Please call 1-800-752-1000 or 612-625-2008, or visit <http://admissions.tc.umn.edu>**

Name

[ ]

first name middle initial last name

Social Security number\*

[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

Date of birth\*

[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Address

[ ]

number and street

[ ]

city state ZIP code

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TERM [ ]  
NAS [ ]  
NHS [ ]  
AMOUNT PAID [ ]  
AMOUNT DUE [ ]

Confirmations postmarked after May 1st, are accepted on a space-available basis.



UNIVERSITY OF MINNESOTA

\* Submission of Social Security number and date of birth are voluntary and will be used for positive identification only. There are no consequences for not providing this information.

The University of Minnesota is an equal opportunity educator and employer.

